

AO88 (Rev. 1/94) Subpoena in a Civil Case

Issued by the
UNITED STATES DISTRICT COURT
 MIDDLE DISTRICT OF ALABAMA

ADWOWA JACOBS

SUBPOENA IN A CIVIL CASE

V.

ELECTRONIC DATA SYSTEMS CORP.
and JEFF WILLIAMSCase Number:¹ 2:05 CV 925-T

TO: Custodian of Records
 NEUROLOGY CONSULTANTS OF MONTGOMERY
 Pine Street, 1722, Suite #700
 Montgomery, Alabama

- ☐ YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

- ☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION

DATE AND TIME

- ☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

SEE THE ATTACHED EXHIBIT A

PLACE

255 Dexter Avenue, Montgomery, Alabama

DATE AND TIME
within 10 days from
service of subpoena

- ☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE

Attorney for Defendant

10/19/06

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

Jeff Williams

James E. Williams (ASB-9283-W84J)

Melton, Espy & Williams, P.C.

P. O. Drawer 5130, Montgomery AL 3610

(334) 263-6621

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on next page)

¹ If action is pending in district other than district of issuance, state district under case number.

EXHIBIT

G

AO88 (Rev. 1/94) Subpoena in a Civil Case

PROOF OF SERVICE

DATE

PLACE

SERVED

SERVED ON (PRINT NAME)

MANNER OF SERVICE

SERVED BY (PRINT NAME)

TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on

DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Parts C & D:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction which may include, but is not limited to, lost earnings and reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance,

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c) (3) (B) (iii) of this rule, such a person may in order to attend

trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies, or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena, or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

EXHIBIT A

Re: Awowa Jacobs
DOB: 09/20/1971
SSN: 417-08-7484

1. Any and all medical records and reports, correspondence, office memoranda, charts, test reports, clinic reports, evaluations, emergency room records, claims for benefits, determinations of disability, and any and all medical information, excluding x-rays, for AWOWA JACOBS, as shown above.
2. Any and all notes, memos or other written information or magnetic media regarding any telephone calls to and from AWOWA JACOBS or anyone on his behalf (whether it be his parents or another healthcare provider).
3. Any and all diagnostic reports and/or reports regarding the prognosis of AWOWA JACOBS.
4. Any and all medical excuses, letters to insurance companies, return to work forms, and letters to employers written on behalf of AWOWA JACOBS.
5. Any and all billing records for AWOWA JACOBS.
6. Any and all correspondence, or other documents, received from AWOWA JACOBS and/or from anyone on her behalf.
7. Any and all correspondence, or other documents, sent to ZACHARY GENTRY and/or to anyone on her behalf.
8. Any and all correspondence to or from any other physician, health care provider, or government agency regarding ZACHARY GENTRY.

ASSURANCE OF COMPLIANCE WITH HIPAA NOTICE PROVISIONS

In accordance with the Federal privacy rules issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA Privacy Rules"), we are providing you with the following satisfactory assurance:

1. We have made a good faith attempt to provide the Patient either through his/her counsel or directly, with a copy of this Civil Subpoena. See attached Notice which was served with the subpoena attached.
2. The Civil Subpoena includes sufficient information about the litigation proceeding in which the medical and/or billing information is requested to permit the Patient, either through his/her counsel or directly, to raise an objection.
3. The time for the Patient to raise any objection has lapsed, and no objections were filed.

Accordingly, following service of the Civil Subpoena you may disclose the requested information in compliance with the HIPAA Privacy Rules.

02-28-06 ADWOWA JACOBS
DOB: 09-20-71

Ms. Jacobs returns today. I did not remember this, but in February 2005 she was injured. She was assaulted on the elevator at work. One of her coworkers put his hands all over her and even down her shirt under her bra. She fought him off, and then the door opened. He said, "I had a good lunch", and calmly walked out. She reported him, and apparently has had some repercussions from work.

The pain in her neck has been off and on since that time. I don't have any incident reports from work. She has recently seen Dr. Barrington, and he is following her for shoulder pain. Her swelling is better. She is still having pain, but it is definitely better.

PHYSICAL EXAMINATION:

HEENT: PERRL. EOMI. Discs sharp. No papilledema. Neck supple.
NEURO: Cranial Nerves: CII – CXII: intact.
MOTOR: 5/5
SENSORY: Intact.
DTR: 2+

ASSESSMENT AND PLAN:

1. Right cervical radiculopathy – I told her I thought this should resolve totally with time, but I don't want her taking Naprosyn and Motrin together, just to take Naprosyn until her present prescription runs out, then stop taking it. I am going to give her some home cervical traction, and have her follow up with Dr. Peavy for therapy. I told her chiropractic therapy may very well help quite well in the setting of muscle spasm and a normal MRI of the cervical spine and normal neurological exam.

Caudill Miller, M.D.
PCM/tbh

cc: Dr. Sam Peavy w/ copy of all notes
Rachel McKinney, M.D.
Steven A. Barrington, M.D.

01-31-06 ADWOWA JACOBS
DOB: 09-20-71

01-30-06 MRI OF THE CERVICAL SPINE REVIEW:

Totally normal. This is a beautiful MRI of the cervical spine. The discs are well hydrated. No spinal stenosis or neural foraminal stenosis. The cervical spinal cord is normal. No spinal stenosis or disc herniation. This could go in a textbook, and I don't see any reason she is having this severe right arm pain.

I did EMG studies on her, and they were normal as well. Her pain is greatly out of proportion to what I would expect. Why she has not responded to steroids and Valium, I do not know. This must just be muscle. She has a lot of pain in her shoulder, and I am going to send her to an orthopedist and let him look at her shoulder, but I see nothing wrong objectively from a neurological standpoint, and the MRI of her neck is just perfect.

Caudill Miller, M.D.
PCM/tbh

cc: Steven A. Barrington, M.D. et al
Rachel McKinney, M.D.

01-31-06 ADWOWA JACOBS
DOB: 09-20-71

Ms. Jacobs returns today. Her MRI of the cervical spine is absolutely normal, EMG studies are normal. I wonder about functional overlay, and the fact that none of the medicines, including Valium and steroids, have helped.

I am going to send her to Dr. Walcott or Barrington and have them evaluate her shoulder. I have released her back to work. It is very, very difficult in the absence of objective findings, but she seems like a very nice person and I am trying to give her the benefit of the doubt. I suspect functional overlay, but I want to make sure she does not have a rotator cuff tear.

Caudill Miller, M.D.
PCM/tbh

cc: Steven A. Barrington, M.D.
Rachel McKinney, M.D.

01-26-06 ADWOWA JACOBS
DOB: 09-20-71

Ms. Jacobs returns today. She has been having a lot of pain in the right side of her neck and her shoulder blade. It has been excruciating, unbearable pain. Since she was here it has progressively worsened, with some right arm pain.

She went to a chiropractor Monday without benefit, and she has been taking Motrin 600 mg. t.i.d. without benefit. There is tingling and numbness in her right arm.

PHYSICAL EXAMINATION:

HEENT: PERRL. EOMI. Discs sharp. No papilledema. Neck supple.
NEURO: Cranial Nerves: CII – CXII: intact.
MOTOR: 5/5
SENSORY: Intact.
DTR: 2+

ASSESSMENT AND PLAN:

1. Right cervical radiculopathy – We will do an MRI of the cervical spine and EMG/NCV studies of her right upper extremity. We will give her a Sterapred 5 mg. dose pack and Valium 2.5 – 5 mg. t.i.d. We will see her after her MRI.

Caudill Miller, M.D.
PCM/tbh

07-25-05 ADWOWA JACOBS
DOB: 09-20-71

Ms. Jacobs returns today. Her headaches have returned. I have not seen her since 08-02. When I last saw her I put her on Pamelor and Anaprox, and she did great. Her headaches are now left-sided headaches in the left occipital area. They have been present for one month. She will wake up with them, and they last all day. It is an aching pain. There is no nausea, vomiting, photophobia, or blurred vision, but she is occasionally lightheaded.

PHYSICAL EXAMINATION:

HEENT: PERRL. EOMI. Discs sharp. No papilledema. Neck supple.
NEURO: Cranial Nerves: CII – CXII: intact.
MOTOR: 5/5
SENSORY: Intact.
DTR: 2+

ASSESSMENT AND PLAN:

1. Tension type headaches, with occasional transformed migraine – She had a great response to Pamelor and Anaprox in the past, so I am going to restart them, Pamelor 10 mg. q.h.s. x three days, then 20 mg. q.h.s., and Anaprox-DS one po b.i.d. She will take the Anaprox just for two weeks, and I have given her some Midrin to take prn.
2. Right posterior cervical adenopathy – I felt no lymph nodes today.
3. Neck exam – No cervical lymphadenopathy.

Caudill Miller, M.D.
PCM/tbh

cc: Rachel McKinney, M.D.

08-26-02 ADWOWA JACOBS
DOB: 09-20-71

Adwowa Jacobs returns for follow up of tension type headaches, and has had an excellent response to low-dose Pamelor. As long as she takes 20 mg. at bedtime, she has no headaches, but if she misses one dose she will wake up with a headache the next morning. It is not making her drowsy during the day unless she takes one during the day, if she forgot it the night before. She is very pleased with this, has not had any weight gain or any problems at all. If she has a headache, she can take Anaprox, but has not had to take it.

She has noted a tender nodule on the back of the right side of her neck. She had called in about this, and was ask to see her primary care physician, Dr. Mancha, but she mentions it again today.

PHYSICAL EXAMINATION:

Lovely, alert, 30 year-old African American female, in no acute distress.

Blood pressure: 120/70. Pulse: 102.

HEENT: PERRL. EOMI. Discs sharp. No papilledema. Neck supple.

NEURO: Cranial Nerves: CII – CXII: intact.

MOTOR: 5/5

SENSORY: Intact.

MUSCO: There is a small, less than 1 cm. soft, mobile, posterior cervical node. It is slightly tender to palpation. I feel no other cervical or supraclavicular nodes.

DTR: 2+

ASSESSMENT AND PLAN:

1. Chronic tension type headaches with excellent response to Pamelor – Continue same, and return in six months.
2. Right posterior cervical adenopathy – I will check a CBC, and have asked her to follow up with Dr. Mancha for a thorough physical exam.

Sara S. Shashy, M.D.
SSS/tbh

cc: Vaughn H. Mancha, M.D.

NEUROLOGY CONSULTANT'S OF MONTGOMERY, P.C.
HISTORY AND PHYSICAL (CONTINUED)

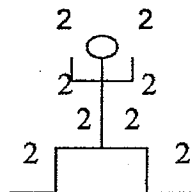
07-15-02 ADWOWA JACOBS

DOB: 09-20-71

CV – Good masseter. Good facial sensation.
 CVII – No facial asymmetry. Normal motor function muscles of facial expression.
 CVIII – Hearing intact.
 CIX, X – Uvula midline. Palate moves symmetrically.
 CXI – Good SCM. Good T.
 CXII – Tongue midline.

MOTOR:

	Deltoid	Biceps	Triceps	Grip	Psoas	Quads	Hams	Anter.Tib.	Gastroc.
R:	5	5	5	5	5	5	5	5	5
L:	5	5	5	5	5	5	5	5	5

CEREBELLUM: Good FTN. Romberg negative. Gait WNL.**SENSORY:** Intact.**MUSCO:** Intact.**DTR:****ASSESSMENT AND PLAN:**

1. Tension type headaches – I am going to try her on Pamelor 10 mg. q.h.s. for seven days, then 20 mg. q.h.s., and give her Anaprox-DS one po b.i.d. for two weeks.

She is a very nice lady who hates to take medicine. I told her to be patient and give this medicine time to work. We will see her in follow up.

Caudill Miller, M.D.
 PCM/tbh

cc: Vaughn H. Mancha, M.D.

**NEUROLOGY CONSULTANTS OF MONTGOMERY, P.C.
HISTORY AND PHYSICAL**

07-15-02 ADWOWA JACOBS
DOB: 09-20-71

Ms. Jacobs is a 30 year-old African American female who has had headaches for the last month daily. The headaches are 24 hours a day, seven days a week. They are constant from when she wakes up in the morning until she goes to bed. They are always left-sided headaches that move around the left side to her temple and ear, with throbbing, pressure like pain. They seem to be aggravated by stress.

She took Flexeril at one time, and she also believes she was given Elavil, but both made her drowsy. Narcotics were given, and they made her feel poorly. She is on no medicines now.

Patient also will occasionally see white spots, feels dizzy, and feels a sensation of near-syncope, but not related to the headaches.

Patient saw Dr. Vaughn Mancha, who referred her for evaluation. Patient really had no aura and no neurological sequelae.

PAST MEDICAL HISTORY:

1. General – No history of hypertension, diabetes, heart disease, or any other major medical problem.
2. Migraine and tension headaches.

SURGICAL HISTORY:

1. Foot surgery – Dr. Veres, 2000 and 2001.
2. BTL – 2000.

FAMILY MEDICAL HISTORY:

Mother – diabetes.
Sister – migraines.

REVIEW OF SYSTEMS:

She is fairly active and healthy. She has intermittent neck and back pain, but not significant, occasional palpitations with anxiety. On one occasion with a headache she had numbness in her left hand.

SOCIAL HISTORY:

She is a business analyst for Electronic Data Systems. Does not smoke, drinks socially.

ALLERGIES:

Codeine.

MEDICATIONS:

None.

PHYSICAL EXAMINATION:

Blood pressure: 102/80. Heart rate: 98. CV: RRR. Lungs: Clear.

HEENT: PERRL. EOMI. Discs sharp. Neck Supple.

NEURO: CII – VF intact.

CIII, IV, VI – EOMI.

LabCorp®

Specimen #	Type	Primary Lab	Status	PG	1
238-198-0229-0	G	J8	FINAL	PG	1
TIME 1149					
Additional Information					
CC:1	D/A	DOB:	09/20/71		
CD- 95003635110 FASTING N					
Patient Name	Sex	Age (Yr/Mos)			
JACOBS, ADWOWA	F	030/11			
Patient Address	1525 FLAMINGO LN				
MONTGOMERY, AL	36116-				
Date Collected	Date Entered	Date Reported	3256		
08/26/02	08/26/02	08/26/02			

XI 1

Clinical Information		08/26/02	17:07
Physician ID	MILLER P	Patient ID	
Account	UPIN: C72615		
NEUROLOGY CONSULTANTS OF MTGMY 01306150			
SUITE 700		JH	M4
1722 PINE STREET		M4	
MONTGOMERY, AL		36106-	
334-834-1300		ALY	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
BC WITH DIFFERENTIAL/PLATELET					
White Blood Cell (WBC) Count	4.2		CELLS/CMM	3.9-10.8	J8
Red Blood Cell (RBC) Count	4.37		CELLS/CMM	3.8-5.0	J8
Hemoglobin	12.6		g/dL	12-16	J8
Hematocrit	36.2	L	%	37-47	J8
MCV	82.9		fL	82-100	J8
MCH	28.9		pg	27-33	J8
MCHC	34.8		g/dL	31.0-36.0	J8
RDW	13.8		%	11.5-14.5	J8
Platelets	184.0		TH/CMM	140-440	J8
Polys	47.6		%	40-89	J8
Lymphs	30.5		%	15-50	J8
Monocytes	11.2		%	0-14	J8
Eos	10.3	H	%	0-7	J8
Basos	0.4		%	0-2	J8
Polys (Absolute)	2.0	L	CELLS/CMM	2.2-7.4	J8
Lymphs (Absolute)	1.3		CELLS/CMM	1.1-3.7	J8
Monocytes (Absolute)	0.5		CELLS/CMM	0-1.0	J8
Eos (Absolute Value)	0.4		CELLS/CMM	0-0.5	J8
Baso (Absolute)	0.0		CELLS/CMM	0-0.1	J8

LAB: J8 JACKSON HOSP CLINIC INC LAB DIRECTOR: TIMOTHY BARROWMAN, MD
1725 PINE STREET MONTGOMERY, AL 36106-0000

OR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 800-659-3324 LAB: 334-293-8390
LAST PAGE OF REPORT

AK 826

ACCBS, ADWOWA

PATID:

REPORT

SPEC DATE: 08/26/2002

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NEUROLOGY CONSULTANTS OF MONTGOMERY, P.C.
P. Caudill Miller, M.D. • Ben C. Wouters, M.D., Ph.D. • Larry W. Epperson, M.D.
Electrodiagnostic Laboratory
1722 Pine Street, Suite 700 • Montgomery, Alabama 36106
Phone (334)834-1300 • Fax (334)834-8347

NAME: JACOBS, ADWOWA 9/20/71 REQUESTING PHYSICIAN: MILLER / WALCOTT

AGE: 34 SEX: FEMALE DATE OF EMG: 1/31/08

PHYSICIAN: MILLER HOSPITAL MEDICAL RECORD NO:

CLINICAL:

NAME OF TEST: ☐ Nerve conduction velocity ☐ Needle EMG study ☐ Others (specify)

REPORT OF ELECTRODIAGNOSTIC STUDY

Summary of Findings*:

NCV:

1. Normal terminal and F-wave latencies of the right median and ulnar nerves.
2. Normal nerve conduction velocities of the right median and ulnar nerves.
3. Normal sensory nerve conduction velocities of the right median and ulnar nerves.

EMG:

1. Normal needle EMG of all muscles tested of the right upper extremities.

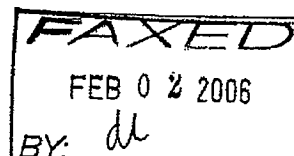
There is no electrophysiological evidence of a right C5-C8 radiculopathy, right carpal tunnel syndrome, or a diffuse sensori-motor peripheral neuropathy of the right upper extremity. Clinical correlation is indicated.

PCM/rie

Signature 

ABBREVIATIONS: NCV: Nerve conduction velocity
MUP: Motor unit potentials

*See attached page for detailed analysis
PCM-F003 (7/97)



Jacobs, Adwona
11/31/06

	Left Median Sensory			
	MSEC	DIST	M/S	AMPL
F-W	_____	_____	_____	_____
P-W	_____	_____	_____	_____
W-E	_____	_____	_____	_____
E-Ax	_____	_____	_____	_____

	Right Median Sensory			
	MSEC	DIST	M/S	AMPL
F-W	<u>2.9</u>	<u>13.5</u>	<u>46.5</u>	<u>20m</u>
P-W	<u>1.9</u>	<u>7</u>	<u>36.8</u>	<u>50m</u>
W-E	<u>4.2</u>	<u>27</u>	<u>64.2</u>	<u>60m</u>
E-Ax	<u>2.3</u>	<u>15.5</u>	<u>67.3</u>	<u>50m</u>

	Left Ulnar Sensory			
	MSEC	DIST	M/S	AMPL
F-W	_____	_____	_____	_____
W-E	_____	_____	_____	_____
E	_____	_____	_____	_____
E-Ax	_____	_____	_____	_____
To-Ax	_____	_____	_____	_____

	Right Ulnar Sensory			
	MSEC	DIST	M/S	AMPL
F-W	<u>2.6</u>	<u>11.5</u>	<u>44.2</u>	<u>20m</u>
W-E	<u>4.4</u>	<u>27</u>	<u>101.3</u>	<u>20m</u>
E	_____	_____	_____	_____
E-Ax	<u>2.4</u>	<u>15.5</u>	<u>64.5</u>	<u>50m</u>
To-Ax	_____	_____	_____	_____

	Left Median Motor			
	MSEC	DIST	M/S	AMPL
TL	_____	_____	_____	_____
W-E	_____	_____	_____	_____
E-Ax	_____	_____	_____	_____
F wave	_____	_____	_____	_____

	Right Median Motor			
	MSEC	DIST	M/S	AMPL
TL	<u>3.1</u>	<u>5</u>	<u>3.1</u>	<u>16k</u>
W-E	<u>7.5</u>	<u>27</u>	<u>61.3</u>	<u>"</u>
E-Ax	<u>9.7</u>	<u>14</u>	<u>63.6</u>	<u>"</u>
F wave	<u>31.5</u>	_____	_____	_____

	Left Ulnar Motor			
	MSEC	DIST	M/S	AMPL
TL	_____	_____	_____	_____
W-E	_____	_____	_____	_____
E	_____	_____	_____	_____
E-Ax	_____	_____	_____	_____
To-Ax	_____	_____	_____	_____
F wave	_____	_____	_____	_____

	Right Ulnar Motor			
	MSEC	DIST	M/S	AMPL
TL	<u>2.2</u>	<u>5</u>	<u>2.2</u>	<u>12K</u>
W-E	<u>6.3</u>	<u>22.5</u>	<u>54.8</u>	<u>"</u>
E	<u>7.5</u>	<u>9.5</u>	<u>79.1</u>	<u>"</u>
E-Ax	<u>8.9</u>	<u>9</u>	<u>64.2</u>	<u>"</u>
To-Ax	_____	_____	_____	_____
F wave	<u>28.0</u>	_____	_____	_____

Other Left _____

Other Right _____

Skin Temperature _____

Skin Temperature 32.0°C

Height 5 ft 8 in

172.7 cm)

Ru

9/20/11

Electrodiagnostic Laboratory
1722 Pine Street, Suite 700 • Montgomery, Alabama 36106
834-1300 • Fax 834-8347

[illegible]

NEUROLOGY CONSULTANTS OF MONTGOMERY, P.C.

P. Caudill Miller, M.D. • Ben C. Wouters, M.D., Ph.D. • Larry W. Epperson, M.D.
Electrodiagnostic Laboratory1722 Pine Street, Suite 700 • Montgomery, Alabama 36106
Phone (334)834-1300 • Fax (334)834-8347

NAME: JACOBS, ADWOWA 9/20/71	REQUESTING PHYSICIAN: MCKINNEY	
AGE: 33	SEX: FEMALE	DATE OF EMG: 2/17/05
PHYSICIAN: WOUTERS	HOSPITAL MEDICAL RECORD NO:	
CLINICAL:		
NAME OF TEST: <input type="checkbox"/> Nerve conduction velocity <input type="checkbox"/> Needle EMG study <input type="checkbox"/> Others (specify)		

REPORT OF ELECTRODIAGNOSTIC STUDY

Summary of Findings*:

CLINICAL NOTE:

Patient is a 33-year-old African-American female who complains of pain in her neck that radiates down into both arms. This EMG is done to r/o a radiculopathy or neuropathy.

NCV:

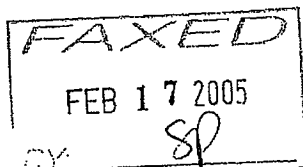
1. The terminal latency of the left and right median and ulnar motor nerves is normal.
2. The proximal NCV of the left and right median and ulnar motor nerve are normal.
3. The left median sensory NCV is slowed below the wrist where as the right median and bilateral ulnar sensory NCV is normal.

EMG:

1. Normal needle EMG of the bilateral C5-C8 paraspinal muscles.
2. Normal needle EMG of all muscles tested in the bilateral upper extremities.

This is an abnormal EMG showing electrophysiological evidence for mild left CTS. Clinical correlation is required.

BCW/rie



Signature

ABBREVIATIONS: NCV: Nerve conduction velocity
MUP: Motor unit potentials*See attached page for detailed analysis
PCM-003 (7/97)

Jacobs, Adwowa
2/17/05

Left Median Sensory

	MSEC	DIST	M/S	AMPL
~ F-W	<u>3.3</u>	<u>13.5</u>	<u>40.9</u>	<u>40m</u>
~ P-W	<u>1.8</u>	<u>6</u>	<u>33.3</u>	<u>100m</u>
W-E	<u>4.4</u>	<u>25</u>	<u>56.8</u>	<u>40m</u>
E-Ax	<u>2.4</u>	<u>15.5</u>	<u>64.5</u>	<u>100m</u>

Right Median Sensory

	MSEC	DIST	M/S	AMPL
F-W	<u>3.3</u>	<u>14</u>	<u>42.4</u>	<u>40m</u>
P-W	<u>1.7</u>	<u>7.5</u>	<u>44.1</u>	<u>100m</u>
W-E	<u>4.1</u>	<u>24.5</u>	<u>59.7</u>	<u>60m</u>
E-Ax	<u>2.4</u>	<u>14</u>	<u>58.3</u>	<u>100m</u>

Left Ulnar Sensory

	MSEC	DIST	M/S	AMPL
F-W	<u>3.0</u>	<u>11.5</u>	<u>39.0</u>	<u>20m</u>
W-E	<u>4.1</u>	<u>24</u>	<u>58.5</u>	<u>60m</u>
E				
E-Ax	<u>3.1</u>	<u>17</u>	<u>54.8</u>	<u>100m</u>
To-Ax				

Right Ulnar Sensory

	MSEC	DIST	M/S	AMPL
F-W	<u>3.0</u>	<u>12</u>	<u>40.0</u>	<u>20m</u>
W-E	<u>4.2</u>	<u>24</u>	<u>57.1</u>	<u>40m</u>
E				
E-Ax	<u>2.6</u>	<u>15</u>	<u>57.6</u>	<u>100m</u>
To-Ax				

Left Median Motor

	MSEC	DIST	M/S	AMPL
TL	<u>3.2</u>	<u>5</u>	<u>3.2</u>	<u>12K</u>
W-E	<u>7.8</u>	<u>26</u>	<u>56.5</u>	<u>"</u>
E-Ax	<u>10.2</u>	<u>17</u>	<u>70.8</u>	<u>"</u>
F wave	<u>29.2</u>			

Right Median Motor

	MSEC	DIST	M/S	AMPL
TL	<u>3.4</u>	<u>5</u>	<u>3.4</u>	<u>12K</u>
W-E	<u>7.4</u>	<u>23.5</u>	<u>58.7</u>	<u>"</u>
E-Ax	<u>9.8</u>	<u>16</u>	<u>66.6</u>	<u>"</u>
F wave	<u>27.2</u>			

Left Ulnar Motor

	MSEC	DIST	M/S	AMPL
TL	<u>2.2</u>	<u>5</u>	<u>2.2</u>	<u>8K</u>
W-E	<u>6.4</u>	<u>21</u>	<u>50</u>	<u>"</u>
E	<u>8.2</u>	<u>9</u>	<u>50</u>	<u>"</u>
E-Ax	<u>10.8</u>	<u>14</u>	<u>53.8</u>	<u>"</u>
To-Ax				
F wave	<u>29.0</u>			

Right Ulnar Motor

	MSEC	DIST	M/S	AMPL
TL	<u>2.4</u>	<u>5</u>	<u>2.4</u>	<u>8K</u>
W-E	<u>5.0</u>	<u>21.5</u>	<u>59.7</u>	<u>"</u>
E	<u>8.0</u>	<u>9</u>	<u>45.0</u>	<u>"</u>
E-Ax	<u>10.2</u>	<u>14</u>	<u>63.6</u>	<u>"</u>
To-Ax				
F wave	<u>27.6</u>			

Other Left _____

Other Right _____

Skin Temperature _____

Skin Temperature _____

Height 5 ft 8 in172.7 cm)

9/20/71

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